

Hubbard (Ths)

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removed by Injections of
Liquor Potassæ.

BY
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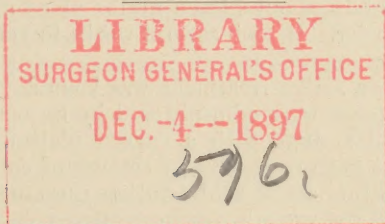
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EPITHELIOMA OF THE SOFT PALATE
REMOVED BY INJECTIONS OF LIQUOR POTASSÆ.*

BY THOMAS HUBBARD, M. D.,
TOLEDO, OHIO.

A GENTLEMAN about fifty years of age suffered for several months from painful excoriations, caused apparently by the posterior edge of the upper dental plate. During the fall of 1893 there gradually developed a flat, tabular tumor, nearly as large as a nickel piece and about twice as thick. It was partly in the soft palate and partly in the anterior pillar of the fauces on the right side. It was very painful, and all faucial movements were restricted. There was an exuberant growth of papillomatous excrescences over the buccal surface of the cheek. He became addicted to the cocaine habit, which still further lowered his vitality. For this he tried sanatorium life and succeeded in temporarily breaking the habit. During the winter and spring of 1894 he subsisted on milk, oatmeal, and ice cream. He lost about forty-five pounds during the year. In the early summer of 1894 he relapsed to the former habit through the use of "Birney's catarrh snuff," which I accidentally discovered in his possession when I took charge of the case in August, 1894, and subsequently

* Read before the American Laryngological Association at its eighth annual congress.

found to contain about fifteen grains of cocaine to the ounce of powder. It took several weeks to get him into condition for operation.

In October active treatment was begun. Injections of liquor potassæ were administered by means of an asbestos-packed syringe with a curved platinum needle. The pain was not severe, and by the use of cotton swabs and a very dilute acetic-acid solution the mucous membrane around the growth was protected.

At the second operation I injected quite deeply, carrying the point of the needle well beneath the tumor from five points at its circumference, depositing a portion of a drop with each puncture. A small artery was eroded, and the mass suddenly puffed up, but there was no hæmorrhage. Inflammatory reaction was kept down by iced drinks, and only a bromide sedative was required. In three days the whole mass sloughed away, leaving a hole as large as a half cherry. This healed readily, and on two subsequent occasions small masses of proliferating granular or papillomatous tissue around the edges were injected and destroyed. The papillomatous masses in the right cheek were curetted and thoroughly destroyed by stick potash, care being taken to avoid the orifice of Stenson's duct.

The improvement following the subsidence of painful deglutition was remarkable, the patient gaining more than forty pounds in a few months.

In April, 1896, I examined him carefully and found the following condition: There were some papillomatous masses over the right cheek, caused probably by the dental plate and teeth, which he had resumed wearing soon after the tumor had been destroyed. At the former location of the tumor there was a dense, firm cicatricial mass, about as large as a nickel, which drew the uvula well over to the right side. There was no return of the tumor, and the function of the soft palate was not materially interfered with. For more than a year he had been in excellent health and had been at his office regularly.

In March, 1896, he had noticed a condition of pro-

gressive dyspnœa. Examination of the thoracic viscera revealed dullness over the base of the left lung and a pronounced cardiac murmur, diagnosticated as mitral insufficiency. Subsequently, albumin, but no casts, was found in the urine by his family physician. From about May 1st he declined rapidly, all heart sounds becoming more faint and the dyspnœa increasing. There was considerable general anasarca. On June 1st he expired suddenly.

We were granted a necropsy. The dyspnœa was in part accounted for by a serous effusion in both pleural sacs, being more extensive on the right, but especially by degeneration and softening of the cardiac structures. The hypertrophied muscle of the left ventricle was so soft and friable that it was easily crushed between the thumb and finger. One segment of the mitral valve was completely tied down by adhesions. No atheromatous deposits were found. The kidneys showed indications of a subacute inflammatory condition, being somewhat larger than normal, with adherent capsules, and areas of fibroid contraction.

It may be interesting to add that in his youth he had had quite severe pulmonary hæmorrhages, and was for several years thought to have pulmonary tuberculosis. We found both apices adherent, and over the right was a depressed cicatrix with a firm fibrous nodule, about an inch and a half by half an inch in size. There were no indications that the tuberculous disease was again in an active state, or that it had anything to do with the pleural effusion. The condition of the fauces was the same as previously noted. All the other organs were normal.

Prior to the operation a small piece of the growth was removed with scissors. This was sectioned and mounted, and the author is gratified to be able to quote the opinion of Dr. Jonathan Wright, of Brooklyn, as to the definite character of the tumor. "The surface epithelium is thickened, forming many layers with distinct papillæ formation. Here and there are some large cells with cloudy contents and oval nuclei. The connective tissue is scanty, as are the blood-vessels. It is

loosely arranged, and here and there in it are nests of epithelial cells, all apparently entirely unconnected with the surface epithelium, and in close proximity to some dilated blood-vessels. In those nests are some of the large cells noted in the surface epithelium. From absence of much inflammatory tissue, from the few 'cancer nests,' and the absence of distinct caryocinetic figures, I should think it of slow growth and not very malignant, but distinctly an epithelioma."

The sequence of pathological conditions was probably as follows: The valvular defect, cause not known, encouraged cardiac hypertrophy. Malnutrition from prolonged throat disease caused degeneration of the hypertrophied heart muscle, and the valvular defect thus became a prominent factor in his decline. The renal disorder was probably a late complication.

The papillomatous growth, which covered an area in the cheek about half an inch in diameter, involving also the mucous membrane over the alveolar process where it was in contact with the cheek, suggests a very decided abnormal tendency toward proliferation of the epithelial cells of the mucous membrane. There were at the same time areas of excoriated membrane over the soft palate. Transplantation of proliferating cells is a possibility. This is speculative, since both conditions may have originated from irritation from the dental plate or from smoking, but we are warranted in calling attention to the use of caustics as the superior method of removing such growths as are here described. There is no doubt but that the surgeon's knife is occasionally a medium of transplantation of cancer cells, and in view of this, and for other reasons, destructive chemical agents may often be used to great advantage.

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FRANK P. FOSTER, M.D.

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